

**NAME:** Member Enrollment Request Form (Policy Section **501.6**)

**PURPOSE:** To enroll an applicant who is found medically and financially eligible for the Aged and Disabled Waiver program. The Case Manager or Personal Options Program Manager must complete the Member Enrollment Request Form. Once the applicant is enrolled a Confirmation Notice will be sent to the Case Management Agency and the Personal Assistance/Homemaker agency, or Personal Options Program Manager. No Medicaid reimbursed ADW services may be provided until the Case Management Agency or the Personal Options Program Manager is **in receipt of the Member Confirmation Notice**.

1. Enter applicant;
  - Name
  - Date
  - Date of Birth
  - Mailing Address to include city, state, and zip code
  - County
  - Medicaid Number (Must have 11 digits or will not be processed)
2. Print Members Name
3. Print Case Manager's or Personal Options Manager Name.
4. Case Manager or Personal Options Manager must sign and date
5. Print Case Management Agency Name
6. Case Management Agency Fax number
7. Print PA/Homemaker Agency Name
8. PA/Homemaker Agency Fax number
9. Fax the completed form to (304)558-6647 (***This form will only be accepted via fax***)
10. The Case Management Agency and PA/Homemaker Agency must maintain a copy of this request form and the fax confirmation to verify the date and time the request was faxed.
11. A Member Enrollment Confirmation Notice will be sent via fax from the West Virginia Bureau of Senior Services (BoSS) when enrollment is completed.
12. A copy of the Member Enrollment Request Form, Fax Confirmation Sheet and the Member Enrollment Confirmation Notice must be kept in the member file.